

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/399,109	09/20/99	370	2731	

APPLICANT	ZION HADAD, RISHON LEZION, ISRAEL.
	<p>**CONTINUING DOMESTIC DATA*****</p> <p>VERIFIED</p> <p><u>None</u> 00</p> <p>**371 (NAT'L STAGE) DATA*****</p> <p>VERIFIED</p> <p><u>None</u> 00</p>
	<p>**FOREIGN APPLICATIONS*****</p> <p>VERIFIED</p> <p><u>None</u> 00</p>
	<p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/07/99 ** SMALL ENTITY **</p>

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	ILX	20	20	3
Verified and Acknowledged	<u>00</u> Examiner's Initials <u> </u> Initials				

ADDRESS	ZION HADAD	AIR MAIL
	48 HAALMOGIM ST	
	RISHON LEZION	
	ISRAEL	

TITLE	BI-DIRECTIONAL COMMUNICATION CHANNEL
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FILING FEE RECEIVED	FEEs: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$380	No. _____ to charge/credit DEPOSIT ACCOUNT	
	NO. _____ for the following:	